SEC Mall Processing Section

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UNITED STATES

SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB Number: 3235-0076 Expires: April 30, 2008 Estimated average burden hours per response.....16.00

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

SEC U	SE ONLY
Prefix	Serial
DATER	RECEIVED
1	\

Name of Offering (check if this is a	n amendment and name ha	as changed, and in	ndicate chan	ge.)	<u>-</u>	
Filing Under (Check b	ox(es) that apply):	□Rule 504	□Rule 505	X	Rule 506	☐ Section 4(6)	⊠ ULOE
Type of Filing:	New Filing	□Amendment					
		A. BASIC	IDENTIFICATI	ON DATA			DROCESSEL
1. Enter the informa	tion requested abo	out the issuer					
Name of Issuer (c		nendment and name has cl LC	hanged, and indic	ate change.) —			FEB 2 8 2008
Address of Executive 903 COMMERCE DR		(Number and AK BROOK, IL 60523	d Street, City, Stat	e, Zip Code)	Telephone N (630) 242-10		(Including AVISCORE) FINANCIAL
Address of Principal B (if different from Execution)		s (Number and	d Street, City, Stat	e, Zip Code)	Telephone N	lumber	Including Area Code)
Brief Description of Bu PURCHASE, OWN A		LTIFAMILY APARTMENT	COMPLEXES				
Type of Business Org	anization				-		
□ corporation	☐ limited	partnership, already forme	d				
☐ business trust	☐ limited	partnership, to be formed		L⊠lother	(please spec	ify): Limited Liabi	ility Company
Actual or Estimated D Jurisdiction of Incorpo	•	ion: (Enter two-letter	Month 0 1 U.S. Postal Service FN for other foreign			I ☐ Estimate	DE
		Ort for Carlada,		i i jurisulciioi	<u> </u>		

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

à. A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years. Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. ■ Beneficial Owner ☐ Executive Officer ☑ General and/or Check Box(es) that Apply: □ Promoter □ Director Managing Partner Full Name (Last name first, if individual) JVM FUND II MANAGER, INC. Business or Residence Address (Number and Street, City, State, Zip Code) 903 COMMERCE DRIVE, SUITE 100, OAK BROOK, IL 60523 ☐ General and/or Check Box(es) that Apply: ■ Beneficial Owner □ Director Managing Partner Full Name (Last name first, if individual) MADARY II, JAMES V. Business or Residence Address (Number and Street, City, State, Zip Code) 903 COMMERCE DRIVE, SUITE 100, OAK BROOK, IL 60523 ☐ Promoter Check Box(es) that Apply: □ Beneficial Owner □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) **MEYER, STEVEN** Business or Residence Address (Number and Street, City, State, Zip Code) 903 COMMERCE DRIVE, SUITE 100, OAK BROOK, IL 60523 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner □ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: □ Promoter □ Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Executive Officer ☐ Promoter Check Box(es) that Apply: ☐ Beneficial Owner □ Director □ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

Executive Officer

□ Director

☐ General and/or Managing Partner

□ Beneficial Owner

Check Box(es) that Apply:

Full Name (Last name first, if individual)

☐ Promoter

Business or Residence Address (Number and Street, City, State, Zip Code)

	٠,				B. INF	ORMATIC	ON ABOUT	OFFERI	NG				
Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?									Yes ⊠	No			
Answer also in Appendix, Column 2, if filing under ULOE.													
2. \	What is the	minimum i	investment	that will be	accepted fro	om any indi	vidual?				\$	50,000	
												Yes	No
J. I	D003 li10 0	noming period	int joint out	icromp or a	single drift:	***************************************			••••••	***************************************		×	
á	commission a person to or states, li	n of similar be listed st the name	remunerati is an assoc e of the bro	ion for solici ciated perso oker or deale	tation of pur n or agent over er. If more t	rchasers in of a broker than five (5	or will be p connection or dealer reg) persons to or dealer or	with sales gistered wi be listed a	of securities the the SEC	s in the offe and/or with	ring. If a state		
Full I	Name (Las	t name firs	t, if individu	ıal)									
Cha	uner Secu	rities, Inc.											
Rusi	ness or Re	sidence Ac	dress (Nur	nber and St	eet City S	tate 7in Co							
			•		•	tate, zip ot	ode)						
		•		lorthbrook,	IL 60062								
Nam	e of Assoc	iated Broke	er or Deale	r									
	····												
State	es in Which	Person Li	sted Has S	olicited or In	tends to So	licit Purcha	sers						
	(Check "A	ll States" o	check indi	ividual State	s)					***********		□All Sta	tes
	[AL]	[AK]	[AZ] ✓	[AR]	[CA] <	[CO]	[CT] ✓	[DE]	[DC]	[FL]✓	[GA]	[HI]	[ID]
	[IL] ✓	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA] <	[MI]	[MN] 🗸	[MS]	[WO]
	[MT]	[NE]	[NV]	[NH] ✓	[NJ] ✓	[NM]	[NY] 🗸	[NC]	[ND]	[OH] <	[OK]	[OR]	[PA] <
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA] ✓	[WV]	[WI] <	[WY]	[PR]
Full I	Name (Las	t name firs	t, if indivídu	ıal)									
Busi	ness or Re	sidence Ac	Idress (Nur	mber and Str	eet, City, S	tate, Zip Co	ode)						
Nam	e of Assoc	ated Broke	er or Dealer										<u>.</u>
State													
	es in Which	Person Li	sted Has S	olicited or In	tends to So	licit Purcha	sers						
							sers					☐ All Sta	ntes
								{DE}	[DC]	[FL]	 [GA]	☐ All Sta	ntes
	(Check "A	ll States" or	check indi	vidual State	s)								
	(Check "A	States" or	check indi	vidual State [AR]	s) [CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
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Full I Busin Nam	(Check "A' [AL] [IL] [MT] [RI] Name (Lasses or Rese of Associates in Which (Check "Al	[States" or [AK] [IN] [NE] [SC] It name first sidence Additional Broke Person List Il States" or	check indi [AZ] [IA] [IV] [SD] t, if individu dress (Numer or Dealer sted Has Sected H	(AR] (AR] (KS] (NH) (TN] (al) Inber and Str	(CA) [KY] [NJ] [TX] eet, City, Si tends to So	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
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(Use Blank Sheet, or copy and use additional copies of this sheet, as necessary)

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security		Aggregate fering Price	;	Amount Already Sold
	Debt	\$ <u>10,0</u>	000,000	_ \$	<u> </u>
	Equity	. \$		_ \$	<u> </u>
	☐ Common ☐ Preferred				
	Convertible Securities (including warrants)	. \$		_\$	<u> </u>
	Partnership Interests			_{	
	Other (Specify <u>MEMBERSHIP INTERESTS</u>) ⁽¹⁾			_{	·
	Total	\$ 40,0	000,000		
(1)	ACTUAL AMOUNT OF DEBT AND EQUITY MAY VARY, PROVIDED DEBT CANNOT EXCEED 50% OF ALL CAPITAL RAISED.		· · · · · ·	_	
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
		ı	Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors		0	_ ;	5
	Non-accredited Investors	•	0	;	5
	Total (for filings under Rule 504 only)		0	_;	5
	Answer also in Appendix, Column 3, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information required for all securities sold by the issuer, to date, in offering of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.				
	Type of offering		Type of Security		Dollar Amount Sold
	Rule 505		Occomy		5010
				_	
	Regulation A			_	
	Rule 504	·		_ `	<u></u>
	Total			_ {	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees] \$	\$
	Printing and Engraving Costs		Σ	3 \$	10,000
	Legal Fees		<u>E</u>	3	80,000
	Accounting Fees		🗵	3	20,000
	Engineering Fees] \$	\$
	Sales Commissions (specify finders' fees separately)		D	3) \$	1,800,000
	Other Expenses (identify) MISCELLANEOUS OFFERING COSTS			1	25,000
	Total		<u>Þ</u>	<u> </u>	1,935,000

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	R OF INVESTORS, EXPENSES A	<u>ו עא</u>	JSE	OF PROCEE	פע		
b. Enter the difference between the aggregate offe Question 1 and total expenses furnished in response to the "adjusted gross proceeds to the issuer."	Part C - Question 4.a. This difference	is				\$	38,065,000
Indicate below the amount of the adjusted gross procused for each of the purposes shown. If the amount estimate and check the box to the left of the estimate. the adjusted gross proceeds to the issuer set forth in res	for any purpose is not known, furnish The total of the payments listed must e	n an				-	
				Payments to Officers, Directors, & Affiliates			Payments to Others
Salaries and fees		X	\$	600,000		\$	
Purchase of real estate			\$			\$	
Purchase, rental or leasing and installation of mac	hinery and equipment		\$	·····	X	\$	36,465,000
Construction or leasing of plant buildings and facili	ties		\$			\$	
Acquisition of other businesses (including the offering that may be used in exchange for the a pursuant to a merger)	ssets or securities of another issue		\$			\$	
Repayment of indebtedness			\$			\$	
Working capital			\$		X	\$	1,000,000
Other (specify):			\$			\$ \$	<u> </u>
Column Totals		X	- \$	600,000	図	\$	37,465,000
Total Payments Listed (column totals added)			-	<u> </u>	8,065	- 5.000	
,							<u> </u>
	D. FEDERAL SIGNATURE						
The issuer has duly caused this notice to be signed by the signature constitutes an undertaking by the issuer to furnis information furnished by the issuer to any non-accredited in	sh to the U.S. Securities and Exchange	Con	nmis	sion, upon writte			
Issuer (Print or Type)	Signature /			D	ate		
JVM REALTY APARTMENT FUND II, LLC	Sport			FI	EBR	JAR	Y 7, 2008
Name (Print or Type)	Title of Signer (Print or Type)						
JAMES V. MADARY II	PRESIDENT OF MANAGER						
	·						

ATTENTION
Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)